## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications.										
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
5073										
BAKER BOTT	GIIZ			ĭ hora	Cert	tificate	of Mailing or Trans	mission	with the United	
2001 ROSS AVENUE					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
SUITE 600					addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
DALLAS, TX 75201-2980					(Depositor's name)					
				ļ.					(Signature)	
									(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION			AATION NO.	
09/624,439 07/24/2000			Jonathan Ellenberg			072271.0118 (PMN 5413			 5413	
TITLE OF INVENTION: SYSTEM AND METHOD FOR CONDUCTING A CUSTOMER AFFINITY PROGRAM AUCTION <sup>4186US1</sup> )										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DA	ATE DUE	
nonprovisional	NO	\$1510	\$0		\$0	\$1510		09	9/27/2010	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	3						
FELTEN, DANIEL S 3693		3693	705-037000							
<ol> <li>Change of corresponde CFR 1.363).</li> <li>Change of correspondence</li> <li>Address form PTO/SB</li> </ol>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,									
"Fee Address" indipero/SB/47; Rev 03-0." Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
2 ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print of	or type	»)					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIC	(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Bank of America Corporation Charlotte, North Carolina										
Please check the appropri	ate assignee category or	nted on the patent):								
4a. The following fee(s) a		f Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee	A check is enclosed.									
Publication Fee (N	Payment by credit card. Form PTO-2038 is attached.									
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $02-0384$ (enclose an extra copy of this form).									
5. Change in Entity Stat	us (from status indicates SMALL ENTITY statu		☐ b. Applicant is no	o long	er claiming SMAI	LL ENT	TTY status. See 37 C	FR 1.27(g)(	(2).	
NOTE: The Issue Fee and	Publication Fee (if requ	uired) will not be accepte	d from anyone other th							
Authorized Signature  Authorized Signature  Authorized Signature  Date  9/23/20/0										
Authorized Signature	· MANNATURE			Y -	58503					
Typed or printed name Registration No								J L., 45 - 770	PDTO to assess	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.										
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										